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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

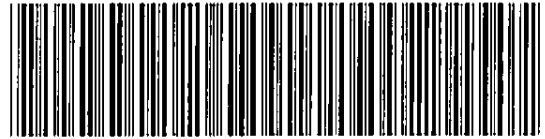
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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R. HUNT
02/09/24



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached is a form to amend the name, general partner(s), or jurisdiction, to correct any false statement listed in the application, or to add or delete an election to be a limited liability limited partnership statement for a foreign limited partnership or limited liability limited partnership authorized to transact business in Florida.

An original certificate from the state or country of jurisdiction evidencing the amendment must be submitted with the application. The certificate must be issued within the past 90 days.

Pursuant to Chapter 620, Florida Statutes, every legal or commercial business entity listed as a general partner of a limited partnership or limited liability limited partnership must have an active registration or filing on file with the Florida Department of State before the enclosed document can be processed by this office. Should you need the form and instructions to properly register a non-individual general partner, please call (850) 245-6051.

The fee to file the amendment is \$52.50. Certified copies of the amendment are \$52.50 each. You should total all fees and forward one check made payable to the Florida Department of State for the total amount.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

For further information, you may contact the Registration Section at (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Koffler Associates Limited Partnership
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Francine M. Depina
Contact Person

The Koffler Group
Firm/Company

10 Memorial Blvd., Suite 901
Address

Providence, RI 02903
City, State and Zip Code

depina@the.koffler.group.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francine M. Depina at (401) 427-1605
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE OF FLORIDA
TALLHASSEE, FL
110

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Koffler Associates Limited Partnership

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: _____

A 25151

2. The jurisdiction of its formation is: Rhode Island

3. The date the entity was authorized to transact business in Florida is: 9/9/87

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name: _____

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Richard J. Bernstein

2 Sloans Curve Drive Add
Palm Beach, FL 33480 Remove
 Change

The KALP Trust - 2021

10 Memorial Blvd, Suite 101 Add
Providence, RI 02903 Remove
 Change

 Add
 Remove
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 Add
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 Add
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 Add
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 DEPT OF STATE
 TALLAHASSEE, FL

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

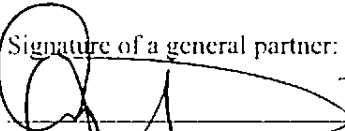
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:
 _____
Ruske

Typed or printed name:
Anthony DeLuca, Trustee

Filing Fee: \$52.50
 Certified Copy (optional): \$52.50
 Certificate of Status (optional): \$8.75

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 DEPT. OF STATE
 TALLAHASSEE, FL
 310



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Partnership
Certificate of Amendment to Certificate of Limited Partnership
(Section 7-13-9 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited partnership is Koffler Associates Limited Partnership

If the partnership's name is changing, state the new name: Koffler Associates Limited Partnership

ARTICLE II

The date of filing of the Certificate of Limited Partnership is 12/2/1986

ARTICLE III

The Certificate of Limited Partnership (as previously amended on) is amended as follows, including, if applicable, a change made in Article I:

Location of its principal office:

No. and Street: C/O THE KOFFLER GROUP

10 MEMORIAL BOULEVARD SUITE 901

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

If the mailing address of the limited partnership is changing, so state:

No. and Street: 10 MEMORIAL BOULEVARD SUITE 901

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

If there is a change in the general partners of the limited partnership, modify the following section:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	THE KALP TRUST - 2021 U/D/D 12/2/21	10 MEMORIAL BOULEVARD SUITE 901 PROVIDENCE, RI 02903 USA

If there are any other provisions to be amended, so state:

ARTICLE IV

This Certificate of Amendment is signed by at least one general partner and, if applicable, by each

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OFFICE OF THE SECRETARY OF STATE
PROVIDENCE, RI

other general partner designated herein as a new general partner.

Signed this 31 Day of January, 2024 at 6:52:57 AM by the general partner(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

Koffler Associates Limited Partnership

Name of Limited Partnership

By SCOTT J. SUMMER, OUTSIDE GENERAL COUNSEL

By

Form No. 301
Revised 09/07

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STATE OF RHODE ISLAND
PROVIDENCE, RI



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 31, 2024 06:51 AM

A handwritten signature in black ink that reads 'Gregg M. Amore'.

Gregg M. Amore
Secretary of State

OFFICE OF THE SECRETARY OF STATE
PROVIDENCE, RI

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